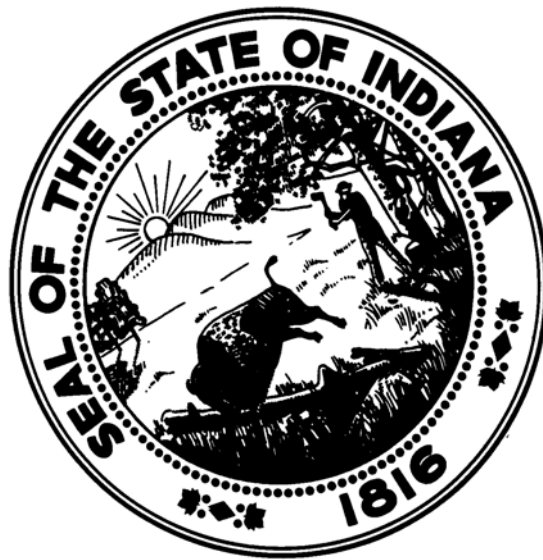


**INDIANA
SCHOOL NURSE
ADMINISTRATOR
OF THE YEAR
2004-2005**



**INDIANA DEPARTMENT OF EDUCATION
Room 229, State House
Indianapolis, Indiana 46204**

**GUIDELINES AND CRITERIA FOR
INDIANA SCHOOL NURSE ADMINISTRATOR OF THE YEAR AWARD**

PURPOSE

To publicly recognize Indiana school nurse administrators/supervisors/lead nurses by honoring one administrator who administers and coordinates quality school nursing services and health programs.

SPONSOR

Indiana Department of Education

ELIGIBILITY

1. Nominee must be from a Department of Education accredited public or non-public school.
2. Nominee must:
 - a. Be a registered professional nurse.
 - b. Have a Bachelor of Science in Nursing degree or higher.
 - c. Be a member of a professional organization.
 - d. Be a member of the National Association of School Nurses (NASN) for the current and preceding five years (required for the Indiana School Nurse Administrator of the Year to be a national nominee).
3. Nominee must have completed five years experience in school health and currently practice full-time and have as their main responsibility the supervision, administration, and coordination of nursing service and health programs.
4. Nominee may not be on the NASN Board of Directors (NASN BOD) or an officer of NASN at the time of nomination.
5. Evidence of excellence in school nursing administration must be based on Scope and Standards for Nurse Administrators, (American Nurses Association, 1996). (Please refer to NASN *Criteria for Selection* on pages 4-5 and 7-9 of this document.)

PROCEDURE FOR SUBMISSION OF APPLICATION

1. Information must be submitted in an “8 ½ by 11” flat folder. (No ring binders)
2. Include in the nomination portfolio:
 - a. Nomination Form **signed by superintendent of the school corporation or administrator of the nonpublic school.**
 - b. Support letter stating rationale for nomination from the person nominating the nominee must accompany the portfolio.
 - c. Curriculum vitae (CV) **signed by nominee.**
 - d. Narrative describing the nominee’s contributions in each of the categories named in the ***Criteria For Selection***. Narrative should follow the categories and sub-areas exactly in outline form. Narrative must be **signed by nominee.**
 - e. Supporting letters of recommendation:
 - ❖ Maximum of six (6) letters.
 - ~ Letters may be reduced only to one-half page.
 - ~ Letters may be from supervised school nurses, principals, supervisors, teachers, parents, students, or others.
 - ~ Letters should describe specific issues or topics related to nominee’s qualifications for the award. Use Scope and Standards for Nurse Administrators, American Nurses Association as a reference.
 - ~ Letters should reflect on areas of rating that writer wishes to emphasize.
 - ~ Local and state acronyms must be spelled out when used for the first time.
3. The total portfolio is not to exceed 20 pages (20 one-sided or 10 two-sided). This does not include the cover or the application page itself.
4. Submit the original and **five (5)** copies of the completed nomination portfolio, which must be **postmarked no later than May 14, 2004** to: Phyllis Lewis, Indiana Department of Education, Office of Student Services, Room 229, State House, Indianapolis, Indiana 46204. The Office of Student Services will verify date of the postmark.

CRITERIA FOR SELECTION
(Based on American Nurses Association, 1996,
Scope and Standards for Nurse Administrators)

1. Clinical Practice Leadership
2. Administrative Leadership
3. Professional Development
4. Professional Advocacy Activity
5. Community Involvement
6. Research

SELECTION PROCEDURE

1. Nomination portfolio must be **postmarked no later than May 14, 2004.**
2. DOE confirms eligibility-required information requested on nomination form.
3. IASN president will confirm NASN membership eligibility requirement.
4. If nominee does not meet eligibility or submission criteria, the following actions will be taken:

Nominee is not a registered nurse	Rejected portfolio, returned with explanation
Nominee does not have a bachelor degree or higher	Rejected portfolio, returned with explanation
Nominee does not have five years experience as a school nurse	Rejected portfolio, returned with explanation
Nominee does not practice full time or spend 50% in supervision, administration, and coordination of nursing service and health programs	Rejected portfolio, returned with explanation
Nominee is a current NASN BOD or officer	Rejected portfolio, returned with explanation
Missing signature of school corporation superintendent or administrator of non-public school on the nomination form	Deduct 10 points, returned for signature
Missing signature of nominee on either vitae or narrative	Deduct 10 points, returned for signature
Letters of recommendation: Exceeds six letter limit prior to judging; letters are removed	Deduct 10 points; letters removed from portfolio beginning with the last in the portfolio
Are reduced greater than 1/2 page	Deduct 10 points for each letter
Portfolio is greater than 20 pages or "8 ½ X 11".	Deduct 10 points; extra pages are removed from the portfolio prior to judging beginning with the last in the portfolio

Points will be deducted from the averaged nominee's score at the completion of the committee's judging. A letter of explanation will be sent.

5. The School Nurse Administrator of the Year Committee reviews and scores the nomination portfolios.
6. The Selection Committee will notify the Indiana Department of Education of the School Nurse Administrator of the Year by May 28, 2004. The Committee chair will notify the IASN President by.
7. The Indiana Department of Education will telephone the selected nominee by May 28, 2004 and will notify the recipient and all other nominees of the results by mail.
8. The award will be presented at the Student Services Summer Institute on June 23, 2004.

The decision of the Committee is final and not open to appeal. All ballots will be destroyed upon notification of the selected nominee.

Tentative Committee Schedule:	
Portfolio due:	May 21, 2004
Portfolios mailed to Committee	
Committee scores due to IDOE	May 27
Chair notifies President of IASN	May 28
IDOE notifies recipient	May 28

NATIONAL ASSOCIATION OF SCHOOL NURSES, INC.

SCHOOL NURSE ADMINISTRATOR OF THE YEAR NOMINATION FORM

INSTRUCTIONS: Complete this form, attach supporting documents, and submit original and **five (5)** copies of nomination portfolio to: Phyllis Lewis, Indiana Department of Education, Office of Student Services, Room 229, State House, Indianapolis, Indiana 46204.

Review criteria, found in pages 4-5 and 7-9, prior to preparing the nomination portfolio.

Must be postmarked no later than May 14, 2004.

Name and credential _____

Social Security number _____

Home Address _____

Street

City

Zip

Phone Number _____

Work

Home

Employer's Name _____

Employer's Address _____

Present Position _____

Number of years as administrator _____

Number of years in school nursing _____

Grade levels supervised in present position _____

Number of nurses supervised _____

Position full-time (by Guidelines standard) YES NO

Provider of direct nursing care in practice YES NO

(Indicate what % _____)

Bachelor of Science degree in Nursing (BSN) YES NO

Master of Arts, Science in _____ YES NO

Licensed by Indiana Professional Standards Board YES NO

Certified by National Board for Certification of School Nurses YES NO

Registered Nurse licensed to practice in Indiana YES NO

Member of Indiana Association of School Nurses (IASN) YES NO

Member of NASN current and preceding five years YES NO

Member of American School Health Association (ASHA) YES NO

Member of American Nurses Association (ANA) YES NO

Nomination submitted by _____

(Signature)

Address _____

Date submitted _____

Superintendent's Signature _____

(Signature)

The decision of the Committee is final and not subject to appeal.

SCHOOL NURSE ADMINISTRATOR OF THE YEAR AWARD

CRITERIA FOR SELECTION (Based on American Nurses Association Scope and Standards for Nurse Administrators) (Score on a likert scale process with 0 indicating no evidence present and the listed score being strong evidence present, with interim scores such as 1, 2 and 3 indicating mild, moderate, and very good evidence.)

CLINICAL PRACTICE LEADERSHIP (Standards of Care I, II, III, Standard of Professional Performance V)

Demonstrated and utilized professional:

1. Clinical knowledge _____2
2. Communication (written and verbal) _____4
3. Skills to plan for clients= needs _____3
4. Skills to assess staffs= practice and performance _____3

Possible Points 12

Total Points _____

ADMINISTRATIVE LEADERSHIP (Standards of Care IV, V, VI, Standards of Professional Performance I, II, VIII)

Contributed to school health program using unique and creative methods of:

1. Program Planning _____4
2. Program Implementation _____4
3. Program Evaluation _____4
4. Program Management _____4
5. Resource Management _____4
6. Policy and Procedure Development _____4

Possible Points 24

Total Points _____

PROFESSIONAL DEVELOPMENT (Standards of Professional Performance II, III, IV)

- | | | |
|--------------------|---|--------|
| 1. | Participated in continuing education related to administrative position | _____2 |
| 2. | Provided continuing education for staff/colleagues | _____4 |
| 3. | Membership in professional organizations | |
| a. | Local, state, national school nurse organizations | _____3 |
| b. | Local, state, national education organizations | _____1 |
| c. | Other organizations e.g., ANA, ASHA, NAPNAP | _____1 |
| 4. | Service to professional organizations | |
| a. | Elected or appointed office (s) | _____2 |
| b. | Evidence of active participation such as Chair of committee or project | _____2 |
| c. | Creator/initiator of professional organization project (s) | _____4 |
| Possible Points 19 | | |
| Total Points | | _____ |

PROFESSIONAL ADVOCACY ACTIVITY
(Standards of Professional Performance VII)

- | | | |
|-------------------|--|--------|
| 1. | Member of professional organization, legislative committee, or exhibits evidence of professional advocacy activity | _____2 |
| 2. | Documented lobbying efforts (i.e. federal, state, local) | _____2 |
| Possible Points 4 | | |
| Total Points | | _____ |

COMMUNITY INVOLVEMENT (Standards of Professional Performance VI)

- | | | |
|-------------------|---|--------------------|
| 1. | Participated in planning for school health services in community | _____2 |
| 2. | Membership in community organizations | _____1 |
| 3. | Service to community organizations as committee member or elected/appointed officer | _____2 |
| 4. | Creator/initiator of community projects (s) | _____3 |
| 5. | Selected for honor and awards
Academic, Community, Professional | _____1 |
| Possible Points 9 | | Total Points _____ |

RESEARCH (Standards of Professional Performance VII)

Contributed to nursing and school health by participation in research:

- | | | |
|--------------------|--|--------------------|
| 1. | Participated in research project | _____1 |
| 2. | Generated research question (s) and answers (s) | _____2 |
| 3. | Developed and administered the research project | _____3 |
| 4. | Presentation of research findings | _____3 |
| 5. | Evidence of research application in practice and program development | _____3 |
| 6. | Research project published in professional publication | _____5 |
| Possible Points 17 | | Total Points _____ |

GRAND TOTAL POINTS _____

Selection Committee Member _____ Date _____
(Signature)

INDIANA
SCHOOL NURSE ADMINISTRATOR OF THE YEAR AWARD
SELECTION COMMITTEE TALLY SHEET

NOMINEE: _____

AFFILIATE: **INDIANA**

CATEGORIES:	TOTAL POINTS
1. CLINICAL PRACTICE LEADERSHIP	1. _____
2. ADMINISTRATIVE LEADERSHIP	2. _____
3. PROFESSIONAL DEVELOPMENT	3. _____
4. PROFESSIONAL ADVOCACY ACTIVITY	4. _____
5. COMMUNITY INVOLVEMENT	5. _____
6. RESEARCH	6. _____
GRAND TOTAL POINTS	_____

Selection Committee Member _____
(Signature)

Telephone number _____

Date _____

**INDIANA
SCHOOL NURSE ADMINISTRATOR OF THE YEAR**

NOMINEE EVALUATION FORM

Name: _____ Affiliate: **INDIANA**

Questions completed by Indiana Department of Education

	YES	NO
1. Application postmarked by June 6, 2003?	_____	_____
2. Nomination form completed and signed by person nominating candidate <u>and</u> Superintendent?	_____	_____
3. IASN member?	_____	_____
4. NASN member current and preceding five years?	_____	_____
5. Has completed 5 years experience in school health nursing?	_____	_____
6. Not currently an officer or BOD member?	_____	_____
7. Indiana Registered professional nurse with Bachelor of Science in Nursing Degree?	_____	_____
8. School nurse administrator (per eligibility)?	_____	_____
9. Provider of nursing supervision in current position?	_____	_____
10. Curriculum vitae is signed by nominee?	_____	_____
11. Supporting letters follow submission guidelines?	_____	_____
12. Narrative addresses categories and is signed by nominee?	_____	_____
13. Portfolio does not exceed required length or size?	_____	_____

Forward to SNAY Award Committee

Date

Returned to nominee; application incomplete

Date